

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

141  
436

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

Miami

or Village

No. 1130 Granite Springs St.

Ward

City

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Clara Bustamante

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Girl

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date of birth

Sept 10<sup>th</sup> 1929  
Month Day Year

8. FATHER

Full name

Alberto Bustamante

14. MOTHER

Full maiden name

Maria Bustamante

9. Residence

1130 Granite Springs  
(Usual place of abode)

If non-resident, give place and state.

15. Residence

1130 Granite Springs  
(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 33 (Years)

16. Color or race

Mexican

17. Age at last birthday 27 (Years)

12. Birthplace (city or place)

Leihuahua

(State or country)

Chihuahua Mexico

18. Birthplace (city or place)

Mitsaly

(State or country)

Arizona

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3  
(b) Born alive but now dead 1  
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Alive

(Born alive or stillborn.)

at 11<sup>40</sup> p.m. on the date above stated.

Signature

Rosa Cortez

(Physician or midwife).

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

806 Sullivan St

Filed

Sept 12, 1929

Registrar

Registrar

325-910-425